

HOUSE BILL No: 4925

Public Testimony

Dr. Michael Brashears

Introducing Dr. Michael Brashears

Dr. Michael Brashears, Psy.D., has over 25 years' experience in the behavioral health field specializing in program and system development. Dr. Brashears has held senior leadership positions in a variety of behavioral and community mental health settings focused on improving the lives of those served and developing clinical and administrative centers of excellence. Dr. Brashears specializes in the alignment of clinical and administrative practices via the use of evidence-based practices, national benchmarks, and effectiveness measure development. Dr. Brashears is the founder and CEO of Outcomes That Matter LLC.

- M.A. Clinical Psychology and Marriage and Family Therapy
- Psy. D Clinical and Family Psychology
- History of leadership and program development
 - Director of Clinical Services: Behavioral Health Clinic, Alhambra Hospital
 - Director of Adult Mental Health Services: CEI-CMHA, Lansing, MI
 - Executive Director : Ottawa County Community Mental Health, Holland, MI
 - Executive VP of Clinical and Quality Systems: Hope Network, Grand Rapids, MI
 - Chief Operating Officer and Principal Consultant: Outcomes That Matter LLC.



Personal Mission:

“To passionately engage in improving the lives of others through action and compassion.”

Overview of HB:4925

- Creates a Behavioral Health Council within MDHHS to assist in the oversight, prioritization, and management of the public mental health system.
- Reduces the number of administrative/managed care entities (PIHP's) from 10 to 1.
- Establishes a Statewide behavioral health crisis response system.

In essence, HB: 4925 strives to reduce administrative costs, simplify administrative oversight, and establish a robust behavioral health safety net, while improving the overall quality and efficiency of the public mental health system.

The benefits of HB:4925

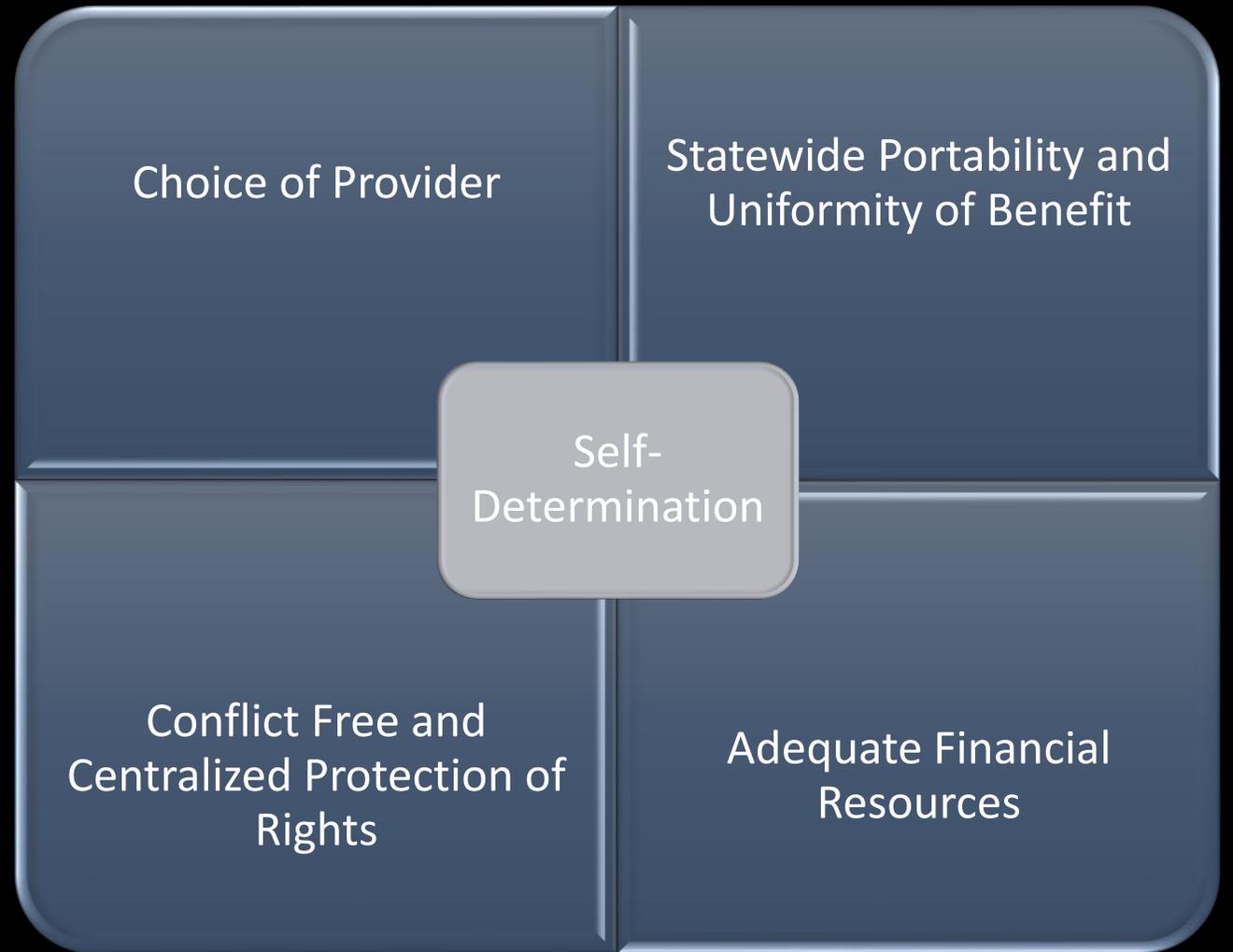
- Creates uniformity
 - Benefit
 - Contracts
 - Training
 - Outcome Measurement
 - Utilization Management
 - Benefit follows consumer
- Reduces Administrative Cost
 - Use of a single IT platform and the integration of administrative functions
 - Removes current duplication of managed care and administrative functions
- Allows for increased coordination with other agencies responsible for the social determinates of care (DHS, Housing, MRS)
- Eliminates current PIHP/CMHSP conflict of interest
- Allows Statewide portability and uniformity of services for the Person-Served
- Ensures uniform protection of rights
- Standardize and Centralize Medicaid Appeals and Grievance Process
- Fully integrates Substance use and mental health management at the administrative level
- Allows for the development of a uniform and consistent Behavioral Health System before full integration of services with Health Plans can truly occur.
- Allows for uniform accreditation

Core Values and Principles of the HB:4925

- Consumer/Patient Choice – providing a full range of options among services and providers
- Person-Centered Care – ensuring that Person Served needs and rights supersede needs of maintaining any system structure or configuration
- Quality – services based on Person Served needs via the utilization of evidence-based and best practices
- Transparency – in all aspects of service delivery and management
- Efficiency – eliminating multiple layers of administration or redundancies in services
- Comprehensive Services – full continuum of services within an integrated and holistic care context, including all aspects of health and wellness
- Stewardship – ensuring resources stay as close as possible to the Person Served care

HB:4925 and Self-Determination/Person Centered Care

It is only through a System of Care that allows the Person Served true choice of service provider, statewide portability and uniformity of benefit, conflict free protection of rights, and adequate financial resources that the true vision of Self-Determination and Person-Centered Planning can be realized.



HB 4925 Strengthens the Public Safety Net

- The ASO will Coordinate with MiCAL. MiCAL shall serve as the statewide crisis and access line accepting all calls and dispatching support based on the assessed need of the caller.
- Creates uniformity related to crisis assessment, management, and inpatient hospitalization admissions, and other crisis stabilization and/or residential services.
- Allows the ASO to develop Statewide contracts with providers related to Crisis Services, Residential Care and Inpatient Care.
- ASO Coordinates with the Statewide Mobile Crisis Service

HB:4925 paves the way for true healthcare integration at the managed care level

- Allows for the standardization and centralization of the current PIHP system allowing health plans to interact and integrate with a uniform behavioral health system.
- Allows MDHHS time to determine if all populations currently served in the current Behavioral Health System (MI, DD/IDD, SUD) should be fully integrated into the Health Plans.
- Allows a single ASO to coordinate integrated care with the health plans instead of the current 10 PIHP's and 46 CMHSP's doing so independently.



HB:4925 Aligns with the MDHHS 298 Workgroup End Statement

- “To have a coordinated system of supports and services for persons (adults, children, youth, and their families) at risk for or with intellectual/developmental disabilities, substance use disorders, mental health needs, and physical health needs. Further, the end state is consistent with stated core values, is seamless, maximizes percent of invested resources reaching direct services, and provides the highest quality of care and positive outcomes for the person and the community.”

HB: 4925 Aligns with Several Key Findings of the 298 Workgroup

- Integrate at the level of the person needing treatment or services (i.e., deliver services when and where they are needed and provide care coordination).
- Have an independent, state-level entity for all grievances, appeals, and rights complaints of CMHSPs and MHPs service applicants and recipients.
- Provide, system-wide, 1) independent facilitation of PCPs—independent of the provider network and independent of the budget; 2) independent case management that will find the most efficient ways to deliver independent facilitation of the PCP; 3) PCP that follows the person. (Person-Centered Care)
- Allow the financial/benefit process to follow the PCP. (Person-Centered Care)
- Evaluate the value of multiple tiers of administration and oversight (i.e., the state, prepaid inpatient health plans [PIHPs], regional intermediary administrators [e.g., Wayne and Oakland Counties], and local administrators) to guarantee access and address unmet need. (Administrative Structure)
- ASO will develop uniform policies, procedures, and operational definitions for the entire public behavioral health system. (Administrative Structure)
- ASO will find a way to standardize administrative functions without diminishing services (e.g. credentialing, required training, and contracting). (Administrative Structure)